

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 101812044 FILING DATE

APPLICANT(S)

10/1/31/05

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT	
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TOTAL DEP.

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TOTAL CLAIMS

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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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